



\$3629

PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |    |                        |                   |
|--|----|------------------------|-------------------|
|  |    | Application Number     | 10/081,556        |
|  |    | Filing Date            | 02/20/2002        |
|  |    | First Named Inventor   | ANDREWS, David W. |
|  |    | Group Art Unit         | 3629              |
|  |    | Examiner Name          | BORISOV, Igor N.  |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | 2322-0495         |

## ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                                    |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)         |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |
| Remarks  |   |  |

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GROUP 3600

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | BROWN MARTIN HALLER & MCCLAIN LLP<br>Heidi L. Eisenhut (Reg. No. 46,812) |
| Signature               |  |
| Date                    | 12/24/2002   |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

December 24, 2002

|                       |                    |      |            |
|-----------------------|--------------------|------|------------|
| Typed or printed name | Sachiko Y. Snedden |      |            |
| Signature             |                    | Date | 12/24/2002 |

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 400)

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/081,556        |
| Filing Date          | February 20, 2002 |
| First Named Inventor | ANDREWS, David W. |
| Examiner Name        | BORISOV, Igor N.  |
| Art Unit             | 3629              |
| Attorney Docket No.  | 2322-0495         |

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number  
Deposit Account Name

02-4070

Brown Martin Haller &amp; McClain

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity        | Small Entity  | Fee Description        | Fee Paid |
|---------------------|---------------|------------------------|----------|
| Fee Code (\$)       | Fee Code (\$) |                        |          |
| 1001 740            | 2001 370      | Utility filing fee     |          |
| 1002 330            | 2002 165      | Design filing fee      |          |
| 1003 510            | 2003 255      | Plant filing fee       |          |
| 1004 740            | 2004 370      | Reissue filing fee     |          |
| 1005 160            | 2005 80       | Provisional filing fee |          |
| SUBTOTAL (1) (\$ 0) |               |                        |          |

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------------|--------------------|--------------|----------------|----------|
| 18           | 3                  |                    | -20** = 3    | x 18           | = 0      |
| 3            |                    |                    | -3** = 0     | x 84           | = 0      |
|              |                    |                    |              |                |          |

| Large Entity        | Small Entity  | Fee Description  |
|---------------------|---------------|--|
| Fee Code (\$)       | Fee Code (\$) |  |
| 1202 18             | 2202 9        | Claims in excess of 20                                     |
| 1201 84             | 2201 42       | Independent claims in excess of 3                          |
| 1203 280            | 2203 140      | Multiple dependent claim, if not paid                      |
| 1204 84             | 2204 42       | ** Reissue independent claims over original patent         |
| 1205 18             | 2205 9        | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$ 0) |               |  |

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description  | Fee Paid |
|---------------|---------------|--|----------|
| 1051 130      | 2051 65       | Surcharge - late filing fee or oath  |          |
| 1052 50       | 2052 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053 130      | 1053 130      | Non-English specification  |          |
| 1812 2,520    | 1812 2,520    | For filing a request for ex parte reexamination                            |          |
| 1804 920*     | 1804 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805 1,840*   | 1805 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251 110      | 2251 55       | Extension for reply within first month                                     |          |
| 1252 400      | 2252 200      | Extension for reply within second month                                    |          |
| 1253 920      | 2253 460      | Extension for reply within third month                                     |          |
| 1254 1,440    | 2254 720      | Extension for reply within fourth month                                    |          |
| 1255 1,960    | 2255 980      | Extension for reply within fifth month                                     |          |
| 1401 320      | 2401 160      | Notice of Appeal   |          |
| 1402 320      | 2402 160      | Filing a brief in support of an appeal                                     |          |
| 1403 280      | 2403 140      | Request for oral hearing   |          |
| 1451 1,510    | 1451 1,510    | Petition to institute a public use proceeding                              |          |
| 1452 110      | 2452 55       | Petition to revive - unavoidable   |          |
| 1453 1,280    | 2453 640      | Petition to revive - unintentional   |          |
| 1501 1,280    | 2501 640      | Utility issue fee (or reissue)   |          |
| 1502 460      | 2502 230      | Design issue fee   |          |
| 1503 620      | 2503 310      | Plant issue fee  |          |
| 1460 130      | 1460 130      | Petitions to the Commissioner  |          |
| 1807 50       | 1807 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 1806 180      | 1806 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021 40       | 8021 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809 740      | 2809 370      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810 740      | 2810 370      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801 740      | 2801 370      | Request for Continued Examination (RCE)                                    |          |
| 1802 900      | 1802 900      | Request for expedited examination of a design application                  |          |

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 400)

## SUBMITTED BY

|                   |                          |                                   |        |           |                   |
|-------------------|--------------------------|-----------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Heidi L. Eisenhut        | Registration No. (Attorney/Agent) | 46,812 | Telephone | (619) 238-0999    |
| Signature         | <i>Heidi L. Eisenhut</i> |                                   |        | Date      | December 24, 2002 |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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